



Atty. Dkt. No. 016777-0309

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Kaare M. GAUTVIK et al**
Title: ***Production of Human Parathyroid
Hormone From Microorganisms***
Appl. No.: **09/287,332**
Filing Date: **April 7, 1999**
Examiner: **R. Landsman**
Art Unit: **1647**

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AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	3	<input type="checkbox"/>	36	=	0	x	\$18.00	=	\$0.00
Independents:	1	<input type="checkbox"/>	13	=	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:									\$0.00

- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$920.00
<input checked="" type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$920.00
CLAIMS AND EXTENSION FEE TOTAL:			\$920.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):		\$0.00
TOTAL FEE:			\$920.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$920.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 15, 2002

By: Michele M. Simkin

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